

APPENDIX I: Rite @ Home Reimbursement Codes and Rates for Fee-for-Service Medicaid

Executive Office of Health and Human Services

Rates Effective March 1, 2018

Code	Description	High LOC	Highest LOC
T2025	Case Management Admin, per diem high LOC	\$ 26.03	N/A
T2025L1	Case Management/Admin, per diem, highest LOC	N/A	\$ 26.99
T1028	Development of Initial Service and Safety Plan	300.00	300.00
T1005	Respite, per 15-minute units	Pay as Billed, up to \$3,000 maximum per recipient per year	
S5136U1	Stipend, per diem, high LOC, no adult day	38.00	N/A
S5136U1UN	Second participant stipend, per diem, high LOC, no adult day	28.50	N/A
S5136	Stipend, per diem, high LOC, client attended adult day	32.30	N/A
S5136UN	Second participant stipend, per diem, high LOC, client attended adult day	24.23	N/A
S5136TGU1	Stipend, per diem, highest LOC, no adult day	N/A	48.11
S5136TGU1UN	Second participant stipend, per diem, highest LOC, no adult day	N/A	36.09
S5136TG	Stipend, per diem, highest LOC, attended adult day	N/A	40.89
S5136TGUN	Second participant stipend, per diem, highest LOC, attended adult day	N/A	30.67

APPENDIX II: RItE @ Home Program Client Rights and Responsibilities

Executive Office of Health and Human Services



RIte@Home
Client Bill of Rights
Executive Office of Health and Human Services

Each Client has the Right to:

1. Be treated as an adult with respect and dignity;
2. Be fully informed of all client rights and responsibilities by the shared living agency;
3. Be encouraged and assisted to exercise constitutional and legal rights including the right to vote;
4. Be informed of his/her medical condition and the right to refuse treatment;
5. Receive appropriate and professional care in accordance with physician's orders, and receive prompt medical care as needed;
6. Be free from mental and physical abuse;
7. Complete privacy when receiving treatment or personal care;
8. Associate and communicate privately with any person of choice and send and receive personal mail unopened;
9. Have access to and participate in activities of social, religious, and community groups;
10. Have medical and personal information kept confidential;
11. Keep and use a reasonable amount of clothing and belongings, and have a reasonable amount of private, secure storage space,
12. Manage own financial affairs unless unable to do so;
13. Be free of financial exploitation. The provider must not charge or ask for applications or non-refundable deposits or solicit, accept, or receive money or property from a client, other than the amount agreed to for services;
14. Receive a written agreement regarding services to be provided and any fees or costs that care recipients may be responsible for;
15. A safe, secure, and supportive environment;
16. Be free of discrimination regarding race, color, national origin, sex, sexual orientation, religion, or gender orientation;
17. Make suggestions or complaints without fear of retaliation;
18. Receive visitors at any time while being respectful of others in the household

19. Have access to a telephone within the home setting and privacy while using the phone. Arrangements for use of the phone for calls that may have a charge are to be set by the participant and Shared Living provider.
20. Have services and supports explained to you in a manner which you can understand;
21. Decide what kinds of services and supports you need and want;
22. Have your records and involvement with the Shared Living provider kept confidential;
23. See all files related to you, including your case record, medical, and professional reports, and obtain a copy of your record if desired;
24. Make decisions that will affect your life, including the right to design your own individualized plan, to choose the people who assist in the development of the plan and the right to provide informed consent to the implementation of the plan, or have an advocate provide informed consent on your behalf;
25. Religious freedom and the right to religious practice of their choice;
26. Be protected from abuse, neglect, or mistreatment, financial exploitation, unnecessary restraint or coercion and all other violations of human rights.

I have reviewed and understand the client bill of rights:

Shared Living Participant

Date

Legal Guardian /Power of Attorney

Date

Caregiver

Date

Shared Living Agency Representative

Date

APPENDIX III: Participant Agreement Form

Executive Office of Health and Human Services



Rlte@Home Program Participant Agreement
Executive Office of Health and Human Services

Participant Agreement Form

The purpose of this agreement is to describe the expectations of the “participant”, and clarify the responsibilities of the Rlte@Home provider, and the RI Executive Office of Health and Human Services (EOHHS).

In considered of the services provided through EOHHS I understand and agree to following:

1. I have been informed of the responsibilities and expectations required by _____ Rlte@Home Agency and acknowledge that my participation in the Rlte@Home Program is voluntary.
2. I understand that under the rules of the RI Medicaid program and EOHHS, I have been determined eligible for Long Term Care and the Rlte@Home program.
3. I understand that my level of care and my service and safety plan will be reviewed on an annual basis.
4. I understand that at any time, if my medical care and /or personal care needs are cannot be safely provided for within the guidelines of the Rlte@Home program, alternative programs or placements will be presented to me. This change maybe the result of hospitalizations or a gradual worsening of a chronic condition and requires care not available to a participant of the Rlte@Home program.
5. I understand that I may terminate my Rlte @Home services with this provider and agree that I will provide 30 days’ notice for the termination of services. I also understand that the Rlte@Home agency may involuntarily disenroll me from the program for reasons listed in the program standards.

By signing this document, I acknowledge that if my needs change and I require a higher level of care than can be provided by the Rlte@Home program I may not continue participation in the Rlte@Home program and these services will no longer be authorized by EOHHS.

I have had sufficient opportunity to review this entire document by reading or having it explained fully in language I understand and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Address: _____

Date: _____

Signature of Agency Representative: _____

Print Name: _____

Date: _____

APPENDIX IV: Rlte @ Home Program Management of Recipient Needs Report

Executive Office of Health and Human Services

Date: _____

Rlte@Home Program Management of Recipient Needs Report

Executive Office of Health and Human Services

Rlte @ Home Provider Agency					Report Submission Date:	
Table 1: Rite @ Home Caseload Activity Report						
Month	Active Caseload	Suspended	Discharged	Unique Individuals	Name	CI Filed
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Table 2: Rlte @ Home Suspended Cases by Reason						
Month	In Hospital	Temporary NH/ Rehab	Other	Total	Name	CI Filed
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Table 3: Rlte @ Home Discharge Cases by Reason							
Month	Deceased	Permanent Placement in a NH	Voluntary Withdrawal	No Longer MA Eligible	Total	Name	CI Filed
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Table 4: Rlte @ Complaint Report by Reported by:						
Month	Caregiver	Recipient	Family	Friend/Other	Complaint Reason/Detail	Resolved Date
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Notes:

Active Caseload: Approved case receiving services on the last day of the reported month.

Suspended: Approved case temporarily suspended on the last day of the month.

Discharged: Cases discharged from Shared Living in the reported month.

Unique Individuals: Active Caseload + Suspended Cases + Discharged Cases

Rlte @ Home Provider Agency: _____

Report Submission Date: _____

APPENDIX V: Caregiver Statement of Responsibility and Understanding

Executive Office of Health and Human Services



Caregiver Statement of Responsibility - Agreement and Understanding

I _____, have been informed of the responsibilities and expectations required by _____ (Rlte @ Home Provider Agency) for the Rlte @ Home Program under the program standards set forth by the Executive Office of Health and Human Services. As a Rlte @ Home caregiver, I agree to provide care and supervision for _____, at the location of _____, _____, RI.

As a Rlte @ Home caregiver, I agree to provide twenty-four hour care and supervision to the above noted care recipient unless relieved by an approved "secondary" or "respite" caregiver. I also understand that all care recipient, caregiver or respite caregiver status changes, including, but not limited to health status, living arrangement, financial situation, employment status, provision of home care or hospice services, must be immediately reported to: _____ (Rlte @ Home Provider Agency).

All changes in household residents, even those considered temporary (minors and adults), must be reported to _____ (Rlte @ Home Provider Agency) within 24 hours.

I understand that failure to notify _____ (Rlte @ Home Provider Agency) of status changes for the care recipient and caregivers may result in termination from the EOHHS Rlte @ Home Program. I also understand that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which s/he is not entitled, or who willfully fails to report income, resources or personal circumstances or increases therein which exceed the amount previously reported.

Primary Caregiver Printed Name

Primary Caregiver Signature

Date

In the presence of:

Rlte @ Home Provide Agency Rep

Signature Rlte @ Home Rep

Date

APPENDIX VI: RItE @ Home Review Sheet

Rhode Island Executive Office of Health and Human Services

OHHS SHARED LIVING SERVICE AND SAFETY PLAN REVIEW SHEET

SSP Received Date:		
Participant Name:	MID:	DOB:
Care Giver Homes Fax: 489-7579	Seven Hills RI Fax: 765-2431	
DHS LTC Supervisor:	Phone:	Fax:

Present		Missing	
			Dated cover sheet and narrative summary: Includes S/L agency documentation that either: <input type="checkbox"/> Client/Caregiver/host home are unconditionally recommended for S/L without reservation. <input type="checkbox"/> Client/Caregiver/host home are recommended for S/L with conditions (List Conditions).
			Completed S/L Service and Safety Plan: Includes signed and dated contract with: <input type="checkbox"/> S/L agency RN signature <input type="checkbox"/> S/L Client signature <input type="checkbox"/> S/L Caregiver Signature
			Plan of Care: (prioritized, unduplicated domains/goals) with detailed S/L agency RN and SW visit schedule and detailed caregiver and respite provider responsibilities.
			Medication List: (current and complete) including nutritional supplements and OTC products, herbal supplements, with side effects and participant's DX/reason for medication.
			Assessments and medical documentation: <input type="checkbox"/> Nursing Assessment <input type="checkbox"/> Social Service Assessment <input type="checkbox"/> PM-1 (required upon initial) <input type="checkbox"/> PM-1 or last PCP office visit documentation for reauthorization of SSP.
			Home Owner Insurance: Documentation of home owner insurance
			Transportation Arrangements: Includes arrangements between parties, safe driving record documentation and proof of current auto liability insurance.
			Safe Evacuation: includes documentation that participant can be evacuated safely per service and safety plan.
			BCI Documentation: <input type="checkbox"/> caregiver <input type="checkbox"/> respite provider <input type="checkbox"/> all individuals over 18 living in S/L host
			Physician's statement of adequate health: Includes documentation of physical limitations and TB screen (every 2 years) <input type="checkbox"/> caregiver <input type="checkbox"/> respite provider
			Competency Check List: <input type="checkbox"/> caregiver <input type="checkbox"/> respite provider
			First Aid and CPR Certification (every 2 years): Proof of current certifications. <input type="checkbox"/> caregiver <input type="checkbox"/> respite provider <input type="checkbox"/> copy of comfort one certificate (waive requirements)
			DEA Adult Protective Services Inquiry: (60 plus)
			S/L Bill of Rights and Responsibilities: signed and submitted
			S/L Status Form Turnaround (OHHS S/L -2) complete by LTC
			Gratuitous Nursing Statement Signed by: <input type="checkbox"/> caregiver <input type="checkbox"/> S/L participant

Plan is approved; effective start date:	Next S/L effective start date:
Plan approved, current Core Services S/L effective start date:	

Plan is Not approved; additional information of response required within 5 calendar days from:
Plan is Not approved (see comments below)

Reviewer Name/Title:	Phone:	Fax:
Signature:	Fax date:	
Comments:		

APPENDIX VII: Rite @ Home Fact Sheet

Executive Office of Health and Human Services



RIte @ Home... A Choice for Care at Home

fact sheet

Program Description

RIte @ Home... A Choice for Care at Home is a new *RIte @ Home* option available for adults who cannot live alone and require a considerable amount of help with the activities of daily living, such as eating, dressing, personal hygiene, etc. This program provides an alternative to institutional care for those that meet clinical, financial and other program criteria. *The RIte @ Home* Program is a person-centered service designed to maximize the control and choice a person has over the services that are provided. It is provided through the Medicaid Program at the Executive Office of Health and Human Services (EOHHS).

Eligibility

This service is available for Rhode Island seniors and adults with disabilities who are eligible for Medicaid Long Term Care (LTC) and are unable to live independently. To be eligible for Medicaid LTC, a person has to be determined financially eligible and must also meet certain clinical Level of Care criteria (highest or high). Persons interested in receiving *RIte @ Home* services must also meet all appropriateness criteria listed below.

How It Works

RIte @ Home provides a home-like setting for individuals who cannot live alone but who want to continue to live in the community as long as possible. There are two components to understanding the program: (1) the provider agency and (2) the caregiver and the home setting.

Provider Agency

The *RIte @ Home* Agency helps the person who needs care to find an appropriate home setting/caregiver. This may be someone the person already knows, like a relative, neighbor or

friend. The Agency will “match” a client with a caregiver and will make sure the caregiver receives all needed training and support.

The Agency will (in conjunction with EOHHS)

- Oversee and monitor services;
- Ensure the safety of the home setting;
- Provide training for the caregiver;
- Provide nursing support as needed, and
- Develop an individualized *Rlte @ Home* Service and Safety Plan.

The Caregiver/Home Setting

Typically, the caregiver lives in his/her home and agrees to have the person needing care live with him/her. In some situations, the caregiver may agree to move into the care recipient’s home. The Caregiver is responsible for:

- Personal care, including assistance with Activities of Daily Living (ADLs)
- Homemaker services
- Chore services
- Meals
- Transportation
- Being on call 24/7
- Providing socialization and a home-like environment

Benefits for the Caregiver include:

A stipend for providing 24/7 care

Respite or time off from full-time care

Medicaid pays the provider agency for its role and provides funding for caregiver stipends. However, Medicaid does not pay for room and board. Room and board is typically paid from the client’s SSI and/or Social Security check. Also, the client (recipient of care) may incur a “cost share” for the services (not including room and board), depending on his/her income.

Appropriateness Criteria

Recipients must meet the following Appropriateness Criteria:

- A person is not a danger to themselves or others in the shared home.
- A person must be able to take action for self-preservation (such as exiting the home in case of fire) with the assistance of no more than one person.

- Both the caregiver and the recipient must be informed of and willing to assume a certain amount of risk regarding safety inherent in this type of living arrangement.
- A recipient must be free from communicable disease or infectious conditions.

Other Considerations

Spouses or legally liable persons cannot serve as the paid caregiver.

Adult Day Care - The recipient of *RIte @ Home* Services is eligible to attend Adult Day Care. If that is the case, the caregiver's stipend will be reduced for days when a person attends Adult Day Care. This gives the caregiver an opportunity for employment or pursuing other interests.

Issues to be considered when matching a person to a caregiver:

- Geographic location
- Pets
- Children in the home
- Lifestyle preferences, schedules, etc.

Tax Considerations- The Caregiver's stipend is tax-free to the Caregiver when the care recipient lives in the Caregiver's home.

Provider Agencies

Two agencies have been approved to provide *RIte @ Home* services to eligible elders and adults with disabilities:

Caregiver Homes of Rhode Island

Contact: Nelia Botelho, MSW; District Manager at (401) 473-2794 or nbotelho@caregiverhomes.com
 Colleen DeGroot, MSW; Clinical Practice Manager at (401) 473-2159 or cdegroot@caregiverhomes.com
 235 Promenade St., Suite 417, Providence, RI 02908
www.caregiverhomes.com

Seven Hills RI

Contact: Lisa Provencal, Program Coordinator, (401) 229-9760 or (401) 309-4093
lprovencal@sevenhills.org
 68 Cumberland St., Suite 300, Woonsocket, RI 02895

RIte @ Home...A Choice for Care at Home is one of the services available to clients who are eligible for Medicaid Long Term Care. For more information on other services, please go to the DHS website at under Elders>Long Term Care or Adults with Disabilities Long Term Care Program